

ALL APPROVED NURSE AIDE I FACULTY MUST MEET THE FOLLOWING CRITERIA

Please use the information below to evaluate potential faculty. Use the Faculty Approval Request Form to include information that demonstrates these requirements.

DO NOT RETURN THIS PAGE WITH THE APPROVAL FORM.

PROGRAM COORDINATOR (Nurse Aide Training, Refresher or Transition Course)

YES	NO	REQUIREMENTS
		1. The applicant is a registered nurse with an unencumbered license.
		2. The applicant is licensed to practice in North Carolina.
		3. The applicant has at least two (2) years of experience as a registered nurse.
		4. The applicant has at least one (1) year (2000 hours) of RN experience in the provision of long term care facility services demonstrated by: <ul style="list-style-type: none"> a. working in a long term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital, or b. supervising or teaching students in a long term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital.

PRIMARY OR ADDITIONAL INSTRUCTOR (Nurse Aide Training Course)

YES	NO	REQUIREMENTS
		1. The applicant is a registered nurse with an unencumbered license.
		2. The applicant is licensed to practice in North Carolina.
		3. The applicant has at least 2 years of experience as a registered nurse.
		4. The applicant meets at least one of the following: <ul style="list-style-type: none"> a. completion of a course in teaching adults, b. experience in teaching adults, or c. experience in supervising nurse aides.

Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education
2709 Mail Service Center
Raleigh, NC 27699-2709
Telephone: 919-855-3970 or 919-855-3969
Fax: 919-733-9764

FACULTY APPROVAL REQUEST FORM
Nurse Aide I Program
North Carolina Division of Health Service Regulation

Please use this form as a template to make additional copies. Any time you add faculty, a new form must be completed and submitted to our office for approval. To remove faculty, please use the Faculty Removal Form.

School/Facility _____
Street _____
City _____ County _____ Zip Code _____
Area Code, Telephone Number & Direct Extension _____
Fax Line _____ E-Mail Address _____

NURSE AIDE I TRAINING PROGRAM NUMBER(S) (NAT ONLY) _____
REFRESHER COURSE PROGRAM NUMBER(S) _____
TRANSITION COURSE PROGRAM NUMBER(S) _____

POSITION(S) REQUESTED: Please check (✓) below		APPLICANT'S NAME AS IT APPEARS ON RN LICENSE (PLEASE PRINT)
<input type="checkbox"/>	PROGRAM COORDINATOR FOR NAT	
<input type="checkbox"/>	PROGRAM COORDINATOR FOR REFRESHER	
<input type="checkbox"/>	PROGRAM COORDINATOR FOR TRANSITION	
<input type="checkbox"/>	PRIMARY INSTRUCTOR (NAT ONLY)	
<input type="checkbox"/>	ADDITIONAL INSTRUCTOR (NAT ONLY)	

RN License Number _____ ☐ NC License ☐ Compact State License ☐ Specify state: _____

☐ Permanent ☐ Temporary

(*Note: If temporary NC RN number is assigned, DFS must be notified when permanent NC RN license number is issued)

License Expiration Date _____

RN License in Good Standing ☐ Yes ☐ No

Date of Original RN Licensure _____ State of Original Licensure _____
Month/Year

I certify that the information in this application is correct and accurate to the best of my knowledge and that the minimum requirements for the position(s) requested have been met.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Nurse Aide I Program Coordinator/Administrator/Director of Nursing

Printed _____
Nurse Aide I Program Coordinator/Administrator/Director of Nursing

COMPLETE SECTIONS I – VI ONLY IF REQUESTING NAT PROGRAM COORDINATOR OR FACULTY

I. NURSING EDUCATION

College/University/School of Nursing Name _____
Street Address _____
City _____ State _____ Zip Code _____

INDICATE HIGHEST EDUCATION LEVEL:

- ☐ ADN
☐ DIPLOMA
☐ BS
☐ MSN
☐ Other: _____

II. OTHER EDUCATION: College/University _____
Discipline _____ Degree _____

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